EUROPEAN SEX WORKERS' RIGHTS ALLIANCE

Implementing Inclusive HIV Programming

with and for Male Sex Workers

About ESWA

The European Sex Workers' Rights Alliance (ESWA) is a sex worker-led network proudly representing more than 100 organisations in 30 countries across Europe and Central Asia. Our aim is to ensure that all sex workers' voices are heard and that their human, health and labour rights are recognised and protected. With our actions and approach inspired by our membership community, we work to build a strong, vibrant and sustainable network that mobilises national, regional and international advocacy activity that moves us towards long-term, systemic change.

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Background

Sex workers[1] are recognised globally as a 'key population', a term used in the HIV field to describe marginalised and criminalised communities who are at greater risk of HIV and whose involvement in HIV responses is critical to ending the epidemic[2]. Available data shows that sex workers in Europe and Central Asia are much more affected by HIV and STIs than the general population, while the HIV/STI prevalence among sex workers varies significantly depending on the country and sub-region of Europe.

Criminalisation, legal oppression, stigma, discrimination and violence experienced by sex workers in Europe and Central Asia increases their vulnerability to HIV, sexually transmitted infections (STIs) and other health risks such as mental health issues. Legal barriers and stigma effectively drive sex workers underground, away from medical facilities and other health care services. This also hinders the collection of reliable data on sexual and reproductive health issues faced by people selling sexual services and makes it difficult to present a clear picture of sex workers' vulnerabilities to HIV and other STIs in the European region.

This lack of data is even greater for subgroups within the sex worker community, such as male sex workers, who face additional vulnerabilities to HIV due to overlapping stigmas and legal barriers. The little data available from European countries indicates higher HIV prevalence and risk for this group. However, the lack of accurate population size estimates, consistent survey methodologies, and disaggregation in country data renders male sex workers invisible, with little possibility to compare data across the years or between countries[3].

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[1] Sex workers include female, male, trans and gender diverse adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is "formal" or organized. It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities. See p. xii of Glossary in WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[2] Key populations are defined as groups who, due to their vulnerabilities, are at increased risk of HIV infection, regardless of the epidemic type or local context. They include men who have sex with men, people who inject drugs, people in prisons (and other closed settings), sex workers, and transgender people, and their expertise makes them essential partners in effective HIV responses. Definition taken from WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014, p. 3, https://www.who.int/hiv/pub/guidelines/keypopulations/en.

[3] European Centre for Disease Prevention and Control (ECDC), Thematic report: Sex workers – Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2014 progress report, 2015, https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/dublin-declaration-sex-workers-2014.pdf.

In response to these gaps, ESWA launched SWIPE (Sex Workers Inclusive Policies and Programmes in Europe).[4] The aim of SWIPE is to improve sex workers' access to health and HIV services by building the capacities of sex workers, in particular male sex workers, improving knowledge available about the stigma and discrimination sex workers face and strengthening networks of key stakeholders to better include sex workers in service provision, data collection and policy making.

This factsheet is an outcome of this work, bringing together best practices and recommendations for better inclusion of male sex workers in HIV services and programmes.

This factsheet is an outcome of this work, bringing together best practices and recommendations for better inclusion of male sex workers in HIV services and programmes. Male sex workers include men in all their diversity, including straight, gay and bisexual men who have sex with men[5], and cis, trans and gender diverse men.[6]

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[4] For more information, visit: https://www.eswalliance.org/health_area

[5] Men who have sex with men (MSM) refers to all men who engage in sexual relations with other men. The words "men" and "sex" are interpreted differently in diverse cultures and societies and by the individuals involved. Therefore, the term encompasses the large variety of settings and contexts in which male-to-male sex takes place, regardless of multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with any particular community or social group. Definition taken from WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[6] Transgender or trans is an umbrella term which includes those people who have a gender identity which is different to the gender assigned at birth, and those people who wish to portray their gender identity in a different way to the gender assigned at birth. Transgender includes those people who feel they have to, or prefer to, or choose to, whether by language, clothing, accessories, cosmetics or body modification, present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and transgender people, transvestites, cross dressers, no gender, multigender, genderqueer people, intersex, and gender variant people who relate to or identify as any of the above. Definition taken from TGEU Glossary, https://tgeu.org/glossary/.

Diversity and Intersectionality of Male Sex Work

Overview

Male sex workers are diverse. Their gender identities, sexual orientations, relationships outside of work, clients, working conditions and contexts vary. Male sex workers are often assumed to identify as gay, however many male sex workers do also identify as bisexual or heterosexual. Male sex workers are also gender diverse, and can identify as cisgender or trans. The assumption that male sex workers are gay or cisgender often means that they are denied the full range of health services they may need.[7]

Regardless of their sexual orientation or gender identity, male sex workers mostly have male clients and rarely identify as sex workers. Although male sex workers do also have female clients, these are a minority, and have a lower HIV risk than male sex workers who sell sex to men. Evidence suggests a sustained or increasing HIV burden among male sex workers even as the epidemic is slowing globally.[8]

"...Men (both cisgender and transgender men) do sell sex to women and men, make up a significant proportion of the population offering transactional sex, are highly vulnerable to HIV, and can face intersecting stigmas and criminalization because they sell sex and have same-sex relations." - UNAIDS, 2023[9]

Male sex workers work in a variety of different settings, and this is true around the world. They work in public settings such as streets, parks, truck stops, train and bus stations, and in gay bars or saunas. They also work in sex work establishments, such as brothels, massage parlous, and

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[7] NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

[8] Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[9] See p. 9, para. 18 in UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf.

bars, and many work independently online from their homes or other venues. This diversity of work environments impacts their safety, access to healthcare services, and ability to organize as a community.[10]

Based on existing research, male sex work can differ from female sex work in a few key ways:[11]

- Male sex workers may not consider their sex work as such - they may see it as an informal way of generating some income when needed, rather than as a regular form of work
- The regularity of male sex work, and what is exchanged for sex, can vary greatly
- Social and geographic organisation of male sex workers varies greatly across different contexts
- Male sex workers are less visible, not only because there are less but also because they are less studies
- Acceptable sexual health services for male sex workers are rarely available at all.

HIV risk and access to HIV-related healthcare for male sex workers also differs from that of men who have sex with men. Male sex workers:[12]

- Are often profiled as pimps or traffickers, which exposes them to more policing
- Are not always able to choose their partners
- May engage in unprotected sex based on the demands of clients and financial need
- As a matter of their work, need to carry more safer sex materials (such as condoms and lubricants), which are often confiscated by police as evidence of sex work
- Do not have access to tailored HIV services, particularly if they do not identify as gay

Structural and socioeconomic marginalization are the most significant contributors to male sex workers' HIV risk. Stigma is the most frequently mentioned barrier to accessing HIV and STI-

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[11] NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[11] Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[12] Brendan Michael Conner, Men at Work: Male Sex Workers, HIV and the Law, 2012, https://www.nswp.org/sites/default/files/R4SW%2013%20-%20Male%20Sex%20Workers%2C%20HIV%20and%20the%20Law.pdf.

related healthcare, with experiences of discrimination ranging from an inordinate focus on sex work to violation of patient confidentiality and outright denial of care in the most extreme cases. As a result, male sex workers may avoid healthcare or avoid disclosing the full scope of their sexual activities due to the discrimination they often face. The consequence of this is improper or incomplete health guidance, delayed diagnosis due to avoidance of testing, and therefore a greater likelihood of adverse health outcomes.[13]

Invisibility of Male Sex Workers

The attention given to the issues and needs of male sex workers is relatively low, including in research and policy discussions globally. This invisibility of male sex workers could be in part due to the perception that they constitute a minority within the sex worker community. However, they are at times deliberately made invisible due to biases surrounding sex work and sex workers. Male sex workers do not fit within the abolitionist feminist paradigm, in which sex workers are presumed to be female, and sex work is viewed as an extension of patriarchal exploitation of women. In this context, male sex workers are seen as a minority that can be ignored.[14]

Homophobia and transphobia also result in the invisibility of male sex workers, as these factors make it difficult for male sex workers who identify as gay, bisexual, and/or transmasculine to organize and advocate for their rights due to the overlapping criminalization and stigma against their sexual orientation, their gender identity, and their sex work.[15]

Criminalization and Violence

The criminalization of sex work means sex workers, including male sex workers, are pushed underground and unable to report violence and other crimes against them without fear of punishment. This is the case even where homosexuality is decriminalized, as sex work is more often than not still criminalized. Male sex workers from various regions have reported being unable to access HIV-related healthcare service due to prejudice from police or healthcare workers, including because of assumptions that only female sex workers need these services.[16]

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[13] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[14] NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

[15] Ibid.

[16] Brendan Michael Conner, Men at Work: Male Sex Workers, HIV and the Law, 2012, https://www.nswp.org/sites/default/files/R4SW%2013%20-%20Male%20Sex%20Workers%2C%20HIV%20and%20the%20Law.pdf.

The criminalization of gender expression and homosexuality compounds the barriers posed by the nearly universal criminalization of sex work globally. Male sex workers also experience intersecting stigmas and adversity based on their migration status, HIV status, socio-economic background and drug use. These structural barriers and associated stigmas impact upon the working conditions, access to social and health services, and access to justice in cases of violence. Male sex workers may face greater social exclusion as a result of this.[17]

Male sex workers also face levels of violence and harassment that are specific to them. They report police brutality and harassment, and are highly unlikely to rely on the authorities when victimized by others.[18] Male sex workers can be misprofiled as pimps or traffickers, and are more likely to face violence and detention at the hands of the police. Where homosexuality is criminalized, male sex workers are more easily targeted because they are more visible. Male sex workers are also targeted by law enforcement more often as a way of repressing gay, bisexual, and other men who have sex with men at large.[19] One study of young sex workers in New York found that three times more young male sex workers had been arrested than female sex workers, with the majority of arrests being for other offenses.[20] This situation is commonplace around the world, including where homosexuality is not criminalized, meaning that male sex workers are still targeted for arrest due to their livelihood. Rather than having access to justice, the justice system is more often a source of violence for male sex workers.[21]

Gender-Based Discrimination and Transphobia

The stigma that male sex workers face is also gender-based. In addition to the stigmas surrounding sex work and homosexuality, cis- and heteronormative understandings of gender and sex work mean that male sex workers are seen as deviating from normative understandings of masculinity. Regardless of how they identify and who they have sex with, this means they are subject to intersecting forms of prejudice that expose them to hate crimes from public and state actors, with little to no recourse for justice.[22]

This situation is particularly acute for transmasculine sex workers. The feminization of sex work, including the fetishization of transfeminine sex workers through prejudice and stereotyping, leads to the invisibilization of transmasculine sex workers, and the assumption that trans men cannot be sex workers. Although many trans men choose to undergo top surgery, very

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17 NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

18 Ibid.

19 Ibid.

20 Brendan Michael Conner, Men at Work: Male Sex Workers, HIV and the Law, 2012.

21 NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

22 Ibid.

few undergo bottom surgery, which places transmasculine sex workers at an elevated risk of violence from clients due to normative expectations of male gender expression. In some countries, including in Europe, laws exclusively allow unmarried cisgender women to engage in sex work, which effectively criminalizes trans and male sex workers, and forces trans men to perform sex work in their gender assigned at birth.[23]

Transmasculine sex workers also face a number of additional vulnerabilities due to the intersection of their gender identity and their occupation. Numerous surveys have shown that trans and gender diverse people are overrepresented in sex work, and that this is the result of overlapping inequalities.[24,25,26,27] Due to transphobia, trans and gender diverse people often face exclusion from formal employment markets, and sex work is often one among a limited number of options to earn an income.[28] Legal and structural barriers, lack of access to education and formal employment opportunities due to discrimination, as well as the lack of access to healthcare due to stigma, have been identified as some of the main drivers for the higher proportion of trans and gender diverse people engaging in sex work.[29] The lack of accessibility and affordability of gender-affirming healthcare is also a significant factor, particularly when not covered by national healthcare schemes or insurance.[30]

Data shows that marginalisation of trans and gender diverse sex workers follows existing patterns of inequality, with xenophobia and racism not only resulting in a higher participation in sex work among migrants and people of color in the trans and gender diverse community,

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[23] Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[24] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[25] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[26] UNAIDS, UNDP, UNFPA, UNODC, WHO, Penal Reform international, Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings, 2022, https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings.

[27] NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

[28] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[29] GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

[30] STAR – The First Sex Workers Collective in the Balkans, Experiences and Perceptions of Sex Workers in the Republic of North Macedonia Regarding Access to and Use of HIV Prevention Methods: Condoms and Pre-Exposure Prophylaxis, 2020, https://starsexwork.org/wp-content/uploads/2020/07/Brief_summary_EN.pdf.

but also greater exposure to violence.[31] These same factors can also lead to higher levels of drug use, which places trans and gender diverse sex workers at greater risk of arrest and imprisonment due to overlapping forms of criminalization.[32] This exacerbates their HIV risk and perpetuates an ongoing cycle of oppression and violence.

However, sex work is also an important source of personal and community empowerment for trans and gender diverse sex workers. For example, the same survey found that 22.6% of trans and gender diverse sex workers said sex work allowed them to find acceptance for themselves.[33] Sex work was also seen as an opportunity to earn income outside of a hostile work environment, and as a way to earn money for achieving life goals - including to access gender affirmation therapies when otherwise inaccessible or unaffordable. Trans and gender sex workers also expressed that working among their peers provided them with support, created a sense of community, and helped build networks and mentorship opportunities.[34,35]

Community as Resilience

The importance of community for individual and collective empowerment is reaffirmed across leading data and guidance underpinning global health policy. The mobilisation and visibility of male sex workers in all their diversity is essential for the protection of their rights, and has historically been critical to strengthening the sex worker rights movement. Not only has the activism of male sex workers linked the sex worker rights movement with other movements, such as the gay rights movement, but it has also been crucial for challenging stereotypes about sex work, including harmful assumptions that sex work is female oppression.[36]

The centrality of community empowerment and leadership to human rights responses, including effective and human rights-based HIV and STI programming with and for male sex workers, is the guiding principle of this factsheet, which is intended as a resource for sex working and queer communities and their allies, and can be used as an advocacy tool with policymakers, funders, and healthcare providers. The factsheet weaves together leading international HIV guidance with current data and community resources, and sets forth the key elements and

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[31] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[32] UNAIDS, UNDP, UNFPA, UNODC, WHO, Penal Reform international, Technical Brief: Transgender People and HIV in Prisons and Other Closed Settings, 2022, https://www.unfpa.org/publications/technical-brief-transgender-people-and-hiv-prisons-and-other-closed-settings.

[33] TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

[34] Ibid.

[35] NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

[36] Ibid.

considerations of effective HIV programming developed and delivered with and for male sex workers. Male sex workers - in all their diversity - are experts in their lives, and should be engaged at all stages of the governance, planning, delivery and evaluation of health programming, which should comprehensively address their diverse needs throughout their life course.

Epidemiological Overview

Global Situation

Members of key populations often live or work at the intersection of many different legal, social, or economic forms of oppression and exclusions that increase their vulnerability to HIV. This is why although key populations account for less than 5% of the global population, in 2021 key populations and their sexual partners comprised 70% of new HIV infections around the world.[37]

In 2021, the relative risk of acquiring HIV for female sex workers was 30 times greater than for adult women (15-49) in the general population globally. For gay men and other men who have sex with men, this risk was 28 times greater than for adult men (15-49) in the general population.[38] Globally, while the median HIV prevalence in the adult population aged 15-49 was 0.7% in 2022, for sex workers it was 2.5%, for gay men and other men who have sex with men it was 7.7%, and for transgender persons it was 10.3%.[39]

In 2023, UNAIDS noted a continued lack of HIV programs, population size estimates, and HIV data for key populations globally, and estimated that millions of key populations were being undercounted or altogether unreported by countries, perhaps even deliberately.[40]

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[37] UNAIDS, In Danger: Global AIDS Update 2022, 2022, https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf.

[38] Ibid.

[39] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[40] Ibid.

A second UNAIDS report noted ongoing gaps in data on transgender men as well, with a recent systematic review showing that transmasculine people are more likely to be living with HIV than the general populations in their countries.[41]

Trans men are thought to have a higher risk of HIV acquisition due to hormone intake through injections. Hormone treatment can also result in vaginal atrophy, which increases risk of HIV transmission during vaginal intercourse. Trans men who engage in sex with cisgender men are more likely to engage in risky behavior, likely due to unequal power dynamics that impact negotiation power. When taken together with the fact that the clients of most male sex workers are men, these factors can expose transmasculine sex workers to greater HIV risk with their partners and clients.[42]

"Transgender men are as diverse as other men. Their sexual orientations are diverse, they may have anal or vaginal sex with people of various genders, with or without condoms. Stigma and discrimination can exacerbate their risk of acquiring HIV and other sexual health complications. Mental health issues, social isolation, substance use and low self-esteem are highly prevalent among transgender men." - UNAIDS, 2023[43]

Data on cisgender and transgender male sex workers is scarce, compared to data on cisgender female sex workers. However, the little data available on cisgender and transgender male sex workers shows that they face compounded inequalities due to intersecting stigmas, largely driven by overlapping forms of criminalization and policing that expose them to higher levels of discrimination and violence. Globally, HIV prevalence is higher among male sex workers than female sex workers, though lower than that of transgender sex workers, while HIV prevalence is highest among transgender sex workers.[44]

A recent literature review also confirms that male sex workers have a higher burden of HIV compared to the overall male population. Variance in data collection methods makes it hard to compare or conclude any global data. However, what is consistent is the higher burden of HIV, and higher risk for HIV and STIs compared to the general population, female sex workers, and

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[41] Stutterheim SE, van Dijk M, Wang H, Jonas KJ (2021) The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. PLoS ONE 16(12): e0260063. https://doi.org/10.1371/journal. pone.0260063

[42] Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[43] See p. 23, para. 78 in UNAIDS, Priority and key populations especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf

[44] UNAIDS, HIV and young people who sell sex: A technical brief, 2015, https://www.unaids.org/sites/default/files/media_asset/2015_young_people_who_sell_sex_en.pdf.

most men who have sex with men who do not engage in sex work.[45] Rates of HIV/STI infection among male sex workers vary greatly by region, ranging anywhere from zero to 50% for HIV and less than 1% to 60% for STIs globally.[46] Compared with cisgender female sex workers and men in the general population, cisgender male sex workers consistently have a higher HIV and STI prevalence. In some contexts, this is also true for male sex workers when compared to men who have sex with men.[47]

Globally, HIV prevention programs for key populations are often inconsistent or even absent, depending on the population and country, and young key populations tend to be most underserved. PrEP coverage also remains very low at under 5%, even among sex workers and gay men and other men who have sex with men. Reduction of new HIV infections has also been uneven among key populations. UNAIDS notes that while sex workers saw a decrease in new infections from 2010 to 2022, transgender people as well as gay men and other men who have sex with men have not seen similar progress, and continue to have unequal access to HIV prevention and treatment.[48]

This situation appears to be aggravated for male sex workers, who have overlapping key population identities and are therefore more likely to be marginalized within healthcare programming. Due to their exclusion from data collection, little is known about the needs of male sex workers, and healthcare programming is often inadequate or even inappropriate for them. Most available services are either intended for sex workers or men who have sex with men separately, with few programmes taking an intersectional approach to addressing male sex workers' diversity holistically. As a result, male sex workers around the world report not having access to tailored healthcare services that meet their needs. They report frequently encountering stigma in healthcare services, as well as limitations in accessing HIV prevention, treatment, care and support, as well as sexual and reproductive healthcare. Male sex workers living with HIV even report being denied access to appropriate and comprehensive medicines and diagnostics.[49]

Trans men in particular lack access to essential healthcare services, including HIV testing, treatment, and care. Trans men are less likely to get tested for HIV, and lack access to

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[45] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[46] Minichiello, V., Scott, J. & Callander, D. A new public health context to understand male sex work. BMC Public Health 15, 282 (2015). https://doi.org/10.1186/s12889-015-1498-7.

[47] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[48] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[49] NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

affordable testing, condoms, and lubricants. There continues to be a lack of information on the efficacy of PrEP in trans men as well, as trans men are excluded from PrEP trials. As a result, there is still a lack of data on if/how PrEP interacts with hormone replacement therapy in trans men, and standard dosing recommendations for cisgender men do not hold, as PrEP efficacy in vaginal tissue differs from that of rectal tissue.[50]

"Globally, female, transgender, male and gender-diverse sex workers—especially those who are young—face many constraints when trying to access HIV and related health services. Limitations include criminalizing laws, harassment and violence from the police and clients, harmful gender norms that perpetuate gender-based discrimination and violence, severe social stigma, and discrimination by health-care staff." - UNAIDS, 2023[51]

These inequalities are driven by structural barriers, the impact of which cannot be overestimated. Criminalization continues to be a significant barrier for access to health for key populations around the world, with 168 countries criminalizing some aspect of sex work, 67 countries criminalizing same-sex intercourse, 20 countries criminalizing trans and gender diverse people, and 145 countries criminalizing the use or possession of small amounts of drugs.[52] Criminalization of any aspect of sex work, including client criminalization, has negative outcomes for sex workers' health and safety, including reduced access to condoms and increased rates of violence.[53] In Europe and Central Asia, all but one country (Belgium) still criminalize some aspect of sex work. Decriminalizing sex work could avert between 33% to 46% of HIV infections among sex workers and their clients over 10 years.[54]

Legal repression has a similar impact on HIV transmission among gay and other men who have sex with men.[55] In countries that criminalise same-sex relations, men who have sex with men are twice as likely to be living with HIV than in countries without criminal penalties.[56]

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[50] Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[51] See p. 57 in UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[52] Ibid.

[53] See sources 6-10 in UNAIDS, HIV and Sex Work - Human Rights Fact Sheet Series, 2021, https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf.

[54] Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M,et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. Lancet. 2015;385(9962):55–71.

[55] UNAIDS, HIV and Gay and Other Men Who Have Sex with Men - Human Rights Fact Sheet Series, 2021, https://www.unaids.org/sites/default/files/media_asset/03-hiv-human-rights-factsheet-gay-men_en.pdf.

[56] Lyons C. Utilizing individual level data to assess the relationship between prevalent HIV infection and punitive same sex policies and legal barriers across 10 countries in sub-Saharan Africa. In: 23rd Virtual International AIDS Conference, 6–10 July 2020, abstract OAF0403.

Meanwhile, in countries with the least repressive LGBT laws, knowledge of HIV status among men who have sex with men was three times higher than in countries with the most repressive laws. Criminalisation is a clear barrier to accessing healthcare, and removal of repressive laws enables better access to HIV testing and treatment. Stigma and discrimination also play a significant role in this difference.[57] Surveys in sub-Saharan Africa found that anywhere from 10 to 40% of men who have sex with men delay or avoid healthcare due to stigma.[58]

Stigma and discrimination are also a significant barrier to healthcare for trans and gender diverse people. UNAIDS data shows that anywhere from 47% to 73% of trans and gender diverse people avoid seeking HIV testing due to stigma and discrimination.[59] Trans and gender diverse people who have experienced stigma in healthcare settings are three times more likely to avoid healthcare than transgender people who have not.[60] In addition to decriminalising gender expression, gender recognition laws are an important step in countering that stigma and ensuring not only access to health, but also broader human rights for transgender people.[61] Structural barriers, and their removal, have an intersectional impact on access to rights. As such, health cannot be viewed in isolation.

Europe and Central Asia

In Europe, as in other regions of the world, key populations lack access to the HIV services they need, despite continuing to be disproportionately affected by the epidemic.[62] Eastern Europe and Central Asia (EECA) has the world's fastest growing HIV epidemic. This is largely due to punitive laws, violence, stigma and discrimination against key populations, and the lack of prevention services for them. In 2022, median coverage of HIV prevention services in the EECA region was 66.3% among sex workers (based on eight reporting countries), 77.0%

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[57] Stannah J, Dale E, Elmes J, Staunton R, Beyrer C, Mitchell KM, et al. HIV testing and engagement with the HIV treatment cascade among men who have sex with men in Africa: a systematic review and meta-analysis. Lancet HIV. 2019;6(11):e769–e787.

[58] Integrated biological and behavioural surveillance reports in Burkina Faso, Côte d'Ivoire, Eswatini, Lesotho 2013–2016.

[59] UNAIDS, HIV and Transgender and Other Gender-Diverse People - Human Rights Fact Sheet Series, 2021, https://www.unaids.org/sites/default/files/media_asset/04-hiv-human-rights-factsheet-transgender-gender-diverse_en.pdf.

[60] Socías ME, Marshall BD, Arístegui I, Romero M, Cahn P, Kerr T, et al. Factors associated with healthcare avoidance among transgender women in Argentina. Int J Equity Health. 2014;13(1):81.

[61] Fundación Huésped. Ley de identitad de género y accesso al cuidado de la salud de las personas trans en Buenos Aires : Fundacio Huésped; 2014.

[62] European Centre for Disease Prevention and Control (ECDC), Continuum of HIV care - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report, 2022, https://www.ecdc.europa.eu/sites/default/files/documents/Dublin-Continuum-of-HIV-care-2021-progress-report-final-with-covers-updated.pdf.

among trans and gender diverse people (based on three reporting countries), and 51.2% among gay men and other men who have sex with men (based on seven reporting countries).[63] These inequalities are also intersectional. For example, a systematic literature review of studies covering the European Union/European Economic Area from 2009 to 2019 showed that HIV prevalence is much higher among gay and bisexual male sex workers compared to their heterosexual counterparts, and that HIV prevalence is much higher among trans and gender diverse sex workers than among cisgender sex workers.[64]

Based on data from 2007-2013, the median HIV prevalence for male sex workers in Europe was 8.9%.[65] One study in the Netherlands found that male sex workers who have sex with men are at greater risk of HIV and STIs than non-sex working men who have sex with men and female sex workers. In the study, 40% of participating male sex workers tested positive for HIV or STIs compared to 9% of female sex workers and 14% of men who have sex with men. This data reaffirms the need for services tailored specifically to the needs of male sex workers.[66]

Recent ECDC and WHO data indicates that sex between men is the main mode of HIV transmission in the West and Centre of the WHO European Region, and is rapidly rising in the East with some indication of hidden cases that are being misreported as heterosexual transmission due to stigma.[67] This has particular implications for the HIV risk of male sex workers, who predominantly have male clientele. At the same time, ECDC data indicates that HIV treatment coverage is uneven across key populations and reported by very few countries, making it difficult to have a clear picture of diagnoses, ART uptake and retention, and viral suppression.[68] Despite this, noted successes in increased coverage for men who have sex with

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[63] UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

[64] In UNAIDS, The Path that Ends AIDS, 2023: Stengaard AR, Combs L, Supervie V, et al. HIV seroprevalence in five key populations in Europe: a systematic literature review, 2009 to 2019. Euro Surveill. 2021;26(47):2100044.

[65] Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[66] Verhaegh-Haasnoot A, Dukers-Muijrers NH, Hoebe CJ. High burden of STI and HIV in male sex workers working as internet escorts for men in an observational study: a hidden key population compared with female sex workers and other men who have sex with men. BMC Infect Dis. 2015 Jul 29;15:291. doi: 10.1186/s12879-015-1045-2. PMID: 26220287; PMCID: PMC4517560.

[67] European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe, HIV/AIDS surveillance in Europe 2022 (2021 data), 2022, https://www.ecdc.europa.eu/en/publications-data/hiv-aids-joint-report-surveillance-2021-data.

[68] European Centre for Disease Prevention and Control (ECDC), Continuum of HIV care - Monitoring implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 progress report, 2022, https://www.ecdc.europa.eu/sites/default/files/documents/Dublin-Continuum-of-HIV-care-2021-progress-report-final-with-covers-updated.pdf.

men were attributed to comprehensive, tailored, and stigma-free healthcare services, efforts to tackle societal stigma and discrimination through addressing structural barriers, and community engagement in the planning and delivery of services, all of which were highlighted as crucial to reaching key populations.[69]

A Way Forward

The above findings highlight the importance of recognizing that effective HIV services are not siloed, but rather integrated with other healthcare services that respond holistically to male sex workers' healthcare needs throughout their life course.[70] The integration of HIV services with broader healthcare provision, particularly with the leadership and engagement of affected communities in the planning and delivery of those services, is increasingly recognized as the golden standard for person-centered care. Male sex workers have specific healthcare needs in relation to HIV prevention and treatment, and beyond. If they are trans, they may need access to gender affirming care, or may need tailored advice about safer sex. If they are taking hormones, PrEP, PEP, and the ARVs they are given should be compatible. Male sex workers engaging in chemsex may also need access to harm reduction programming. Mental health, sexual and reproductive health, and harm reduction services should be integrated into HIV programming to provide comprehensive care. All HIV service planning and delivery should be undertaken in partnership with trans and gender diverse sex workers to ensure that their needs are holistically addressed in a rights affirming manner.[71]

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[69] European Centre for Disease Prevention and Control (ECDC) and WHO Regional Office for Europe, HIV/AIDS surveillance in Europe 2022 (2021 data), 2022, https://www.ecdc.europa.eu/en/publications-data/hiv-aids-joint-report-surveillance-2021-data.

[70] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[71] UNAIDS, Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic response, 2023, https://www.unaids.org/sites/default/files/media_asset/PCB52_Thematic_Segment_Background_Note.pdf.

HIV Programming In Partnership With Male Sex Workers

Community Empowerment is the Foundation

Community empowerment has been globally recognized as the cornerstone of human rights-based HIV programming with key populations since the SWIT (Sex Worker Implementation Tool)[72] was launched in 2013. Developed through the leadership of sex workers in collaboration with UN agencies, the SWIT set forth a blueprint for community-centred and -led HIV and STI programming. This also catalysed the development of guidance with each of the key populations, including gay, bisexual, and other men who have sex with men and transgender people in the subsequently published MSMIT (MSM Implementation Tool)[73] and TRANSIT (Transgender Implementation Tool)[74], respectively. Recommendations from all three of these tools, along with global guidance relevant to sex workers, gay and bisexual men who have sex with men, and trans and gender diverse people, are synthesized below, as male sex workers can belong to any of these groups.

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[72] World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank, Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions, 2013, https://www.who.int/publications/i/item/9789241506182.
See also NSWP, The Smart Sex Worker's Guide to SWIT, 2015, https://nswp.org/sites/default/files/Smart%20Guide%20to%20SWIT_PDF_0.pdf.

[73] United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank, Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions, 2015, https://www.unfpa.org/sites/default/files/pub-pdf/MSMIT_for_Web.pdf.

[74] United Nations Development Programme, IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, Joint United Nations Programme on HIV/AIDS, United States Agency for International Development, Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions, 2016, https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT_report_UNFPA.pdf.

Community leadership in the HIV response is recognized as a global priority in the 2021 Political Declaration on HIV and AIDS,[75] as well as in the Global AIDS Strategy.[76] The EU has also recognized the importance of promoting community leadership within the HIV response.[77]

These documents provide the following targets to promote community leadership. By 2025, community-led[78] organizations administer:

- 30 per cent of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 per cent of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 per cent of programmes to support the achievement of societal enablers (reducing criminalization, discrimination, and gender-based violence)

These recommendations have since been carried forward in the 2022 WHO Consolidated Guidelines,[79] which reaffirm these principles and elaborate on them. Drawing on these resources in the context of HIV programming in partnership with male sex workers, the central guiding principles include:

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[75] UNAIDS, Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, 2021, https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

[76] UNAIDS, Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS., 2021, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

[77] European Parliament, European Parliament resolution of 20 May 2021 on accelerating progress and tackling inequalities towards ending AIDS as a public health threat by 2030, 2021, https://www.europarl.europa.eu/doceo/document/TA-9-2021-0250_EN.html.

[78] For an organization to be considered community-led, the majority (at least fifty percent plus 1) of governance, leadership, and staff comes from the community being served. See footnote 27, p. 63 in UNAIDS, Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS., 2021, https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

[79] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

1. Promoting community empowerment
2. Ensuring meaningful community participation[80] and leadership in the design, implementation, monitoring and evaluation of programmes
3. Addressing structural barriers to promote human rights and gender equality, and ensure access to justice
4. Ensuring programmes are holistic and complementary, integrating all of the services that male workers need
5. Ensuring accessibility and acceptability of health services, and improving health literacy of male sex workers

The SWIT, MSMIT, and TRANSIT describe the following elements of community empowerment:

- Collaboration: Partnering with male sex workers in programming, and in all decision-making fora that affect them
- Community leadership: Fostering programmes and organizations led by male sex workers
- Collectivization: Developing and strengthening male sex worker collectives for a cohesive community; strengthening community systems
- Capacity-building: Building organizational and advocacy capacity of male sex workers
- Rights: Promoting a human rights framework, shaping policy and creating enabling environments, addressing stigma
- Sustaining the movement: Supporting community mobilization and sustaining the collectivization and activism of male sex workers; partnership and solidarity with other movements, including within/between sex worker, gay and bisexual men's, and trans movements
- Funding: Mobilizing resources for the sustainability of male sex worker leadership, including funding male sex worker-led organizations, and building their resource mobilization capacity

Community empowerment programs should be tailored to local needs and contexts, recognizing the diversity of communities. The community systems strengthening framework is particularly highlighted by the MSMIT and TRANSIT as a way of approaching organizational strengthening.[81]

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[80] Meaningful participation means that a community is able to: choose how they are represented and by whom; choose how they are engaged in the process; choose whether to participate; and have an equal voice in how partnerships are managed. See World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank, Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions, 2013, https://www.who.int/publications/i/item/9789241506182.

[81] See p. 16 of United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank, Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions, 2015, https://www.unfpa.org/sites/default/files/pub-pdf/MSMIT_for_Web.pdf.

All three tools provide extensive guidance on the dimensions of these elements, ways of implementing them, and indicators for measuring progress in each area. They also lay out a roadmap for programming that encompasses structural and health interventions, establishing their complementarity for efficacy. These are summarized and updated in the WHO Consolidated Guidelines.

Creating Enabling Environments

In addition to community empowerment, the 2022 WHO Consolidated Guidelines prioritize and elaborate structural interventions to tackle punitive legal environments, stigma and discrimination, and violence. These are called critical enablers because they are essential to ensuring the right to health, and cannot be separated from community empowerment or healthcare service delivery as essential interventions to the success of HIV/STI programming. These structural interventions are summarised below, with priority areas and additional needs identified by all key populations, as well as specifically by trans and sex working communities in red (adapted to male sex workers):[82]

- **Removing punitive laws, policies and practices:**
- Governments should work towards the decriminalisation of drug use/injecting, drug possession, sex work, same-sex activity, and nonconforming gender identities, and stop the unjust use of laws and regulations against key populations
- Laws, policies, and practices should be reviewed and revised where necessary, with meaningful engagement from key population groups, to increase key populations' access to services
- Ban compulsory treatment
- Ban the use of condoms as 'evidence' to arrest sex workers
- Work towards legal recognition for trans and gender diverse people

- **Reducing stigma and discrimination:**
- Governments should implement and enforce anti-discrimination and protective laws

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[82] Global key population networks conducted values and preferences surveys that informed the WHO Consolidated Guidelines. This list is adapted from the reported outcome of these surveys in the WHO Consolidated Guidelines, as well as from the two following community resources:

1. NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.
2. GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

- Policymakers and other leaders should collaborate with key population-led organisations to monitor and confront stigma and discrimination
- Health services should be made available, accessible, and acceptable to key populations, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health
- Specific actions that ban be taken to address stigma and discrimination in healthcare settings:[83]
  - Conducting sensitisation and other training for health care workers, law enforcement officers, and others
  - Providing information about health and health-related stigma
  - Offering counselling and support services for key populations
  - Promoting engagement between key populations and health care workers, law enforcement officers, and others
  - Putting anti-stigma and anti-discrimination policies in place, with procedures for key populations to report discrimination
  - Ensuring universal health care and professional, non-discriminatory care for key populations

- **Addressing violence:**

- Violence against male sex workers should be prevented and addressed in partnership with male sex worker-led organizations.
- All violence against male sex workers should be monitored and reported, and redress mechanisms should be established to provide justice.
- Provide health and support services to male sex workers who experience violence, including comprehensive post-rape care to those who experience sexual violence
- Train law enforcement, health, and social care providers to recognize and uphold male sex workers' human rights, and hold them accountable if they violate them
- Implement violence prevention measures as part of a holistic wellness approach
- Specific actions that the health sector can take to address violence:[84]
  - Providing comprehensive health services, including for sexual and reproductive health
  - Providing referrals to other support services
  - Gathering evidence through data and research

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[83] NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral. See also GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

[84] Ibid.

- Promoting prevention policies in other sectors
- Advocating for violence to be recognised as a public health problem and for resource allocation

- **Community empowerment:**
- Key population-led groups and organizations should be made essential partners and leaders in designing, planning, implementing and evaluating health services
- Programmes should implement a package of interventions to enhance community empowerment among key populations
- Put male sex worker-led legal literacy programmes and services in place
- Promote peer outreach, peer-led services and drop-in centres
- Conduct advocacy and awareness-raising campaigns
- Promote capacity-building and resource mobilisation for key population-led organisations
- Conduct key population-led sensitisation trainings for health care staff, law enforcement, NGO workers, and the wider community
- Prioritise funding for key population-led programming and initiatives

Community Leadership and Service Delivery

As a component of community empowerment, and as a cross-cutting element in all aspects of HIV programming, global key populations unanimously identified the scale-up of community-led interventions as a priority in the WHO Consolidated Guidelines. Community-led responses include:[85]

- Advocacy
- Campaigning and holding decision-makers accountable
- Monitoring policies, practices, and service delivery
- Research led by male sex workers
- Education and information-sharing by and for male sex workers
- Capacity-building
- Funding male sex workers-led organizations, groups, and networks

Given the efficacy of community-led service delivery and the fact that key population communities unequivocally agreed it was their preferred mode of service delivery, the WHO Consolidated Guidelines endorse it as a best practice.[86] The Guidelines also formally recommend the following service delivery modalities:[87]

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[85] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key Populations, 2022, https://www.who.int/publications/i/item/9789240052390.

[86] Ibid.

[87] NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.

- Peer education or peer navigation (support and accompaniment from peers for health services)
- Task shifting (delegating tasks to key population community members which are traditionally done by health care professionals)
- Self-care (supporting people to improve their health)
- Online services (including online outreach, sharing information or linkage to care, social media and mobile applications)
- Integration (management and delivery of health services so that people can receive a range of prevention, testing, and treatment services more easily. WHO recommends integrating HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health and mental health)
- Decentralization (when health services are moved out from specialised health care facilities into more local health facilities)

Essential Services

The above modalities are recommended for the delivery of HIV, viral hepatitis and STI service delivery by, with, and for key populations. Trans and sex working communities have already adapted the list of essential interventions in these areas to respond to community needs. These are provided below and adapted to male sex workers, as they match and go beyond the WHO recommendations for (cis-gender) gay and bisexual men who have sex with men to also include the needs of transmasculine sex workers. Essential interventions include:[88]

Prevention of HIV, viral hepatitis and STIs:

- Ensure adequate supply of condoms and lubricant
- Offer a range of pre-exposure prophylaxis (PrEP) for HIV as a prevention choice for male sex workers at substantial risk of HIV infection, including oral pre-exposure prophylaxis and long acting injectable cabotegravir for all male sex workers, and the dapivirine vaginal ring for bodies with vaginas.

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[88] This list is adapted from the reported outcome of these surveys in the WHO Consolidated Guidelines, as well as from the two following community resources:

1. NSWP, Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://www.nswp.org/resource/nswp-smart-guides/smart-sex-workers-guide-the-who-consolidated-guidelines-hiv-viral.
2. GATE, Smart Guide for Trans and Gender Diverse Communities on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations, 2023, https://gate.ngo/wp-content/uploads/2023/04/TGDSmartGuide-WHOGuidelinesHIV-GATE.pdf.

- Make post-exposure prophylaxis (PEP) for HIV and STIs available to male sex workers
- Offer PEP, emergency contraception, and presumptive STI treatment to male sex workers who have been raped
- Test for and treat HIV, syphilis, and hepatitis B tests during pregnancy to prevent vertical transmission
- Address chemsex through a comprehensive, non-judgmental approach

Diagnosis:

- Offer HIV testing services to all male sex workers
- Support community-based HIV testing that is linked to prevention, treatment, and care services
- Trained lay providers (including male sex workers) can conduct HIV testing services
- Offer HIV self-testing
- Screen and diagnose STIs for male sex workers as part of a comprehensive response
- Offer period testing for asymptomatic STIs
- Make self-sampling for STI testing available
- Offer hepatitis C testing, including to male sex workers with prior cleared infections
- Offer hepatitis B testing

Treatment:[89]

- Offer ART initiation to all male sex workers living with HIV at any CD4 cell count
- Diagnose and treat STIs in a timely manner
- Offer hepatitis C treatment to all male sex workers diagnosed with the virus
- Offer pan-genotypic DAA hepatitis C treatment to male sex workers with recently acquired infection and ongoing risk

Broader health interventions:

- Offer screening for anal cancer in male sex workers who are more likely to engage in anal sex
- Provide transmasculine sex workers with equitable support and access to pregnancy planning and care
- Transmasculine sex workers who can become pregnant can use, and should be offered, all methods of contraception to choose from

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[89] **Periodic presumptive treatment (PPT) of STIs is no longer recommended due to health and ethical concerns. For community perspective, see p. 15 of WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations - Web Annex B. Values and preferences report, 2022, https://apps.who.int/iris/bitstream/handle/10665/360444/9789240053441-eng.pdf.**

- Ensure access for transmasculine sex workers to safe, evidence-based gender-affirming care. Transmasculine sex workers who self-administer gender-affirming hormones require access to evidence-based information, quality products, and sterile injection equipment
- Provide regular mental health screening and management of mental health issues for male sex workers
- Make self-sampling for cervical cancer available to transmasculine sex workers
- Fully decriminalise abortion and ensure that abortion laws and services protect the health and human rights of transmasculine sex workers
- All male sex workers should have access to evidence-based interventions for harmful alcohol or other substance use

Supportive interventions:

- Information and education which support key populations to understand their health, health risks, available services and legal rights
- Interventions which aim to increase demand (demand creation) for evidence-based HIV, viral hepatitis and STI services
- Supportive counselling which does not aim to change behaviours, and counselling for mental health issues.

Further Considerations For Programming

Unmet Needs: Tailored Services

Intersecting stigmas surrounding sex work, HIV, gender identity, and same-sex practices, combined with complex sexual networks among male sex workers, make them a particularly underserved key population in the HIV response. Tailored services that are dedicated specifically to male sex workers are therefore essential to improving their health outcomes.[90]

To begin with, overlapping stigmas against sex work and homosexuality exclude male sex workers from services aimed at the general public. Male sex workers are rarely able to disclose their work or sexual orientation in such healthcare settings.[91] As a result, not only are male sex workers more vulnerable, but they are also predominantly restricted to seeking care through NGO-run programmes. These offer limited services that are often not tailored, or necessarily acceptable or appropriate, and at times not respectful of male sex workers' rights to consent or confidentiality. When male sex workers lack or are denied access to healthcare, they may attempt to self-medicate, which exacerbates the health risks that they are exposed to.[92]

In some contexts, tailored HIV and STI services are available for sex workers, but male sex workers may be less willing to access these compared to female and trans sex workers because they do not identify as sex workers.[93] Most sexual and reproductive health programming available to male sex workers is targeted towards men who have sex with men or the general population, with services mostly being limited to HIV and STI testing and treatment. This often excludes rectal STI screening. While some male sex workers are attracted to men and may identify as gay or bisexual, some also may not be, and have female partners and/or heterosexual families while still having predominantly male clients. As a result, male sex workers

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90 Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

91 NSWP, Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services, 2018, https://www.nswp.org/sites/default/files/bp_sws_access_to_comp_srh_-_nswp_2018.pdf.

92 Ibid.

93 Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

need comprehensive care to address their diversity.[94] Male sex workers can also experience a range of sexual and reproductive health issues that cannot be addressed by HIV services alone. For instance, they can experience infertility, erectile dysfunction, prostate and anal cancers, and anorectal STIs. These are more frequent in men living with HIV, highlighting the importance of ensuring that HIV services are integrated with broader sexual and reproductive healthcare to ensure that male sex workers' health needs are met holistically.[95]

Chemsex and Harm Reduction

Across contexts, male sex workers consistently report concurrent alcohol or drug abuse.[96] Male sex workers, including transmasculine sex workers, also report engaging in chemsex in the course of their work.[97,98] Chemsex is a phenomenon in which people engage in sexual activity while taking primarily stimulant drugs, and has been on the rise in some communities of gay men and other men who have sex with men in Europe.[99]

People who engage in chemsex are more likely to have unprotected sex, making PrEP and PEP availability through tailored services especially important for male sex workers. Men engaged in chemsex face overlapping stigmas for homosexuality and drug use. This also means that services are often not tailored to meet their needs, as programmes often either address men who have sex with men or people who use drugs more broadly, rather than people at the intersection of these groups.[100]

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94 Ibid.

95 NSWP, Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services, 2018, https://www.nswp.org/sites/default/files/bp_sws_access_to_comp_srh_-_nswp_2018.pdf.

96 Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

97 Chemsex consent ladder: https://www.mdpi.com/2076-0760/10/2/69
Brooks-Gordon, Belinda, and Euan Ebbitt. 2021. "The Chemsex 'Consent Ladder' in Male Sex Work: Perspectives of Health Providers on Derailment and Empowerment" Social Sciences 10, no. 2: 69. https://doi.org/10.3390/socsci10020069

98 GATE, Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study, 2022, https://gate.ngo/wp-content/uploads/2022/11/GATE-TGD-Values-and-Preferences-Report-2022.pdf.

99 UNAIDS, The Path that Ends AIDS: 2023 UNAIDS Global AIDS Update, 2023, https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf.

100 Harm Reduction International, APCOM, Briefing Note: Chemsex and Hard Reduction for Gay Men and Other Men Who Have Sex with Men, 2021, https://hri.global/wp-content/uploads/2022/10/HRI_Briefing_Chemsex_July_2021_Final-1.pdf.

One qualitative study[101] with cisgender male sex workers showed that chemsex is something they may choose to engage in, depending on the client and the duration and intimacy of the experience they want to have. Drug use is an element that they control. However, lines of consent can be blurred in the process, resulting in the potential for greater risk-taking and loss of bargaining power with clients in terms of payment as well as use of HIV and STI prevention measures. The study reaffirmed that peer support and healthcare centers that combine tailored HIV/STI healthcare services with harm reduction and mental health services are critical to the wellbeing and empowerment of male sex workers who engage in chemsex.[102]

As chemsex practices vary across regions, tailoring services to the local context through community engagement and leadership is critical to the efficacy of programming. Peer-led service delivery is also essential to building trust and ensuring access to relevant, stigma-free, and safe services where service users do not need to explain terms or practices to programme staff.[103]

Harm reduction for male sex workers engaged in chemsex should include:[104]

- Meaningful community engagement at every stage of programming - design, implementation, evaluation
- Scale up of community-led harm reduction for sexualised drug use
- Integrated service delivery, including harm reduction, sexual health, mental health, and referral to other services when appropriate
- Easily available HIV, hepatitis C, and STI testing, counselling and treatment in the same setting
- One-stop shop availability of harm reduction commodities covering safer drug use and sex (i.e., syringes, pipes, condoms, lubricants, HIV and hepatitis tests, PrEP, PEP, and information on substances)
- Online presence, as digital technology is important in the chemsex scene
- Appropriate knowledge of the language used in the community and sexual practices, as well as drugs used and interactions between them
- Trained healthcare professionals working at the community level, with awareness of chemsex
- Community-based and -led treatment and outreach
- Respectful, non-judgemental care

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[101] Chemsex consent ladder: https://www.mdpi.com/2076-0760/10/2/69 Brooks-Gordon, Belinda, and Euan Ebbitt. 2021. "The Chemsex 'Consent Ladder' in Male Sex Work: Perspectives of Health Providers on Derailment and Empowerment" Social Sciences 10, no. 2: 69. https://doi.org/10.3390/socsci10020069.

[102] Ibid.

[103] Harm Reduction International, APCOM, Briefing Note: Chemsex and Hard Reduction for Gay Men and Other Men Who Have Sex with Men, 2021, https://hri.global/wp-content/uploads/2022/10/HRI_Briefing_Chemsex_July_2021_Final-1.pdf.

[104] Ibid.

The values and preferences surveys conducted by global key population networks in the development of the WHO Consolidated Guidelines identified the primary concerns with relation to chemsex. Mental health was listed as an overarching priority, and as an area of integral importance for sexual health interventions. Respondents emphasized the need for psychosocial support, clinical services, and more research to support community members engaging in chemsex. This was also reiterated by male sex workers who were surveyed, who also called for awareness-raising regarding risks, as well as peer training and support.[105]

PrEP, PEP, and Mixed Service Delivery Modalities

PrEP awareness among male sex workers who do not identify as gay or bisexual is relatively low, given that PrEP has primarily been marketed to gay and bisexual cisgender men. As was noted earlier, trans men are also particularly less likely to have access to PrEP, and lack information on its efficacy.[106] However, lower levels of condom use and higher number of sex partners among male sex workers, as well as reported difficulty in negotiating condom use with clients during anal sex, makes access to PrEP and PEP particularly important to include in HIV prevention packages for male sex workers.[107,108]

Peer education and peer-led outreach has been shown to work well for sharing information on PrEP as well as other risk-reduction practices. Research from various regions additionally indicates that a variety of interventions could be critical for effective HIV prevention and treatment for male sex workers, including incorporating individual and network-level interventions, anti-stigma campaigns, harm reduction, social services, and mental healthcare with HIV and STI-related healthcare services.[109]

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[105] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations - Web Annex B. Values and preferences report, 2022, https://apps.who.int/iris/bitstream/handle/10665/360444/9789240053441-eng.pdf.

[106] Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[107] Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[108] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[109] Ibid.

Community Spaces Matter

Strengthening community-led groups by and for male sex workers is fundamentally important for ensuring their access to HIV prevention, treatment, and care.[110] Male sex workers frequently rely on each other for social support and access to sexual health services. Studies show that for these reasons, peer education and outreach are incredibly important for increasing awareness of risks and linking male sex workers with essential healthcare services.[111] This was echoed in the values and preferences surveys conducted by global key population networks in the development of the WHO Consolidated Guidelines. In the synthesis report, male sex workers mentioned the importance of peer navigators and community-led healthcare for access to HIV testing and treatment. Community-led services were unanimously preferred and endorsed as a best practice, not only for community empowerment but also for quality and accessibility of care.[112]

Male sex workers also highlighted online services, such as dating applications or social media, as a good practice for reaching often marginalized sub-populations within the community.[113] Given the hidden nature of male sex work, traditional forms of outreach do not always work.[114] For this reason, online communities for male sex workers are especially important for reaching them. The internet plays an important role in allowing male sex workers to find and vet clients, and allows male sex workers to share and find information anonymously. This can be of particular value for reaching male sex workers who do not identify as gay or bisexual.[115]

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[110] Baral SD, Friedman MR, Geibel S, Rebe K, Bozhinov B, Diouf D, Sabin K, Holland CE, Chan R, Cáceres CF. Male sex workers: practices, contexts, and vulnerabilities for HIV acquisition and transmission. Lancet. 2015 Jan 17;385(9964):260-73. doi: 10.1016/S0140-6736(14)60801-1. Epub 2014 Jul 22. PMID: 25059939; PMCID: PMC4504188.

[111] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[112] WHO, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations - Web Annex B. Values and preferences report, 2022, https://apps.who.int/iris/bitstream/handle/10665/360444/9789240053441-eng.pdf.

[113] Ibid.

[114] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

[115] Minichiello, V., Scott, J. & Callander, D. A new public health context to understand male sex work. BMC Public Health 15, 282 (2015). https://doi.org/10.1186/s12889-015-1498-7.

Transmasculine Sex Workers

Online services and spaces are especially important for transmasculine sex workers, who predominantly work online because most traditional sex work venues are not inclusive of them.[116] This means they are more isolated, which creates greater safety risks. Crackdowns on online spaces where sex workers advertise particularly impact transmasculine sex workers, given their reliance on these platforms. By contrast, having community spaces, including online, was viewed as important for empowerment and safety.[117]

Transmasculine sex workers frequently lack access to tailored healthcare services, including reproductive healthcare. They may be included in services generally targeting transgender people or sex workers, but as so little is known about their needs, they are rarely able to receive adequate and appropriate support. This includes largely unmet mental healthcare needs.[118] A recent study[119] on trans men who have sex with men in Germany revealed that they were four times as likely to suffer from severe anxiety and depression compared to cisgender men who have sex with men. Trans men who have sex with men also indicated a reduced ability to say no to unwanted sex, and more frequently reported that the sex they were having was less safe than they wanted. In the same study, trans men who have sex with men reported having poorer access to healthcare than cisgender men who have sex with men, including being more likely to report never having been tested for HIV or STIs, mostly due to fear of experiencing discrimination in healthcare settings. Stereotypes, such as the assumption that trans men only have sex with women, further inhibit the provision of adequate and comprehensive care.[120] These findings have implications for the relative HIV risk of transmasculine sex workers, and reinforce the importance of linking mental healthcare with HIV-related services.

What Is Needed

International guidance and community reports from around the world confirm that peer-led facilities as well as peer outreach are seen as being the most effective, stigma-free ways to

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116 Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

117 Max Nicolai Appenroth. 21 Mar 2021, Trans Men in Sex Work: Prevalent but Overlooked from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

118 Ibid.

119 Appenroth, M.N., Koppe, U., Hickson, F., Schink, S., Hahne, A., Schmidt, A.J., Weatherburn, P. and Marcus, U. (2022), Sexual happiness and satisfaction with sexual safety among German trans men who have sex with men: results from EMIS-2017. J Int AIDS Soc., 25: e25992. https://doi.org/10.1002/jia2.25992.

120 Ibid.

deliver HIV testing, prevention, and treatment services for key populations, and this includes male sex workers. Integration of services in this context is considered the optimal modality, with sexual health services, counselling and mental health, harm reduction, gender-affirming care, and other needs identified by male sex workers being delivered by knowledgeable, trained, community-identified staff, as the key to holistic care that intersectionally addresses the needs of male sex workers in all their diversity. This is reaffirmed by global data on HIV programming with and for male sex workers. The most effective programme models in existence are those that are informed and led by male sex workers themselves, using community empowerment as a foundation for interventions and integrating trauma-informed mental healthcare services, harm reduction, HIV and STI services, condoms, lubricants, informational materials, support groups, and skills building for risk reduction.[121]

[121] Peter Salhaney, Katie B. Biello, Matthew J. Mimiaga. 21 Mar 2021, Global epidemiology of HIV and other sexually transmitted infections among male sex workers from: The Routledge Handbook of Male Sex Work, Culture, and Society (1st ed.). Routledge. https://doi.org/10.4324/9781003152835.

Recommendations

In addition to implementing guidance set forth by the SWIT, MSMIT, TRANSIT, and WHO Consolidated Guidelines, further measures for policymakers and implementers of health programming are recommended below on the basis of community consultation and data.[122,123,124,125,126,127,128] The following recommendations should be implemented with respect for the human rights and diversity of male sex workers, and apply the principle of partnering with them as decision makers and implementers in all areas that affect their lives.

Legal and Policy Reform

1. Decriminalise sex work, gender expression, drug use/injecting, drug possession, and same-sex activity and stop the unjust use of laws and regulations against male sex workers. Erase any offenses related to these laws from criminal records.
2. Recognize that sex work is work for people of all genders, and move away from any legislation or policy design that is influenced by the argument that sex work is violence against women.
3. Implement international human rights standards without discrimination, and create anti-discrimination laws and policies that protect against discrimination on the basis of gender identity/expression, sexual orientation, race, migration status, sex work or other characteristics across all sectors. Implement affirmative action measures in the fields of education and

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122 NSWP, Briefing Paper: The Needs and Right of Male Sex Workers, 2014, https://www.nswp.org/sites/default/files/Male%20SWs.pdf.

123 TGEU, Guidelines to human rights-based trans-specific healthcare, 2019, https://tgeu.org/wp-content/uploads/2019/12/TGEU-Guidelines-to-Human-Rights-Based-Trans-specific-Healthcare-EN.pdf.

124 TransActions, TransActions: A Project with Trans People Who Sell Sex, 2017, Transactions:_a_project_with_trans_sex_workers or https://transactionsproject.wordpress.com/why-get-involved/.

125 TransActions, Health and Wellness Services: Learning from Trans Sex Workers to Provide Good Care, 2023, https://transactionsproject.files.wordpress.com/2023/07/transactions-booklet_colour.pdf.

126 NSWP, Briefing Paper: The Needs and RIghts of Trans Sex Workers, 2014, https://www.nswp.org/sites/default/files/Trans%20SWs.pdf.

127 TGEU, The vicious circle of violence: Trans and gender-diverse people, migration, and sex work, 2017, https://transrespect.org/wp-content/uploads/2018/01/TvT-PS-Vol16-2017.pdf.

128 Harm Reduction International, APCOM, Briefing Note: Chemsex and Hard Reduction for Gay Men and Other Men Who Have Sex with Men, 2021, https://hri.global/wp-content/uploads/2022/10/HRI_Briefing_Chemsex_July_2021_Final-1.pdf.

employment to ensure access to education and employment for trans people, including people who identify as transmasculine.

4. Implement transparent, efficient legal gender recognition procedures based on self-determination, without any additional requirements that pathologise trans people or their bodies.

5. Ensure that authorities and service providers (i.e., police, emergency and victim support service providers, judicial officers, healthcare workers) are trained in responding to discrimination and violence against male sex workers, and competent to give quality and non-judgemental support.

6. Ensure universal access for all male sex workers to comprehensive healthcare, including quality, affordable gender-affirming and trans-specific healthcare, delivered by trained and knowledgeable professionals using a holistic and differentiated approach.

   a. Trans-specific healthcare protocol should be built on the idea that trans people are diverse and that they are all welcome, respecting their right to self-determination, to be free of discrimination and violence, and to exercise informed consent. Legislative reforms should:

      i. Guarantee access to trans-specific healthcare for all trans people
      ii. Depathologise trans identities
      iii. State all medical, psychological, social and other interventions to be offered by the healthcare system
      iv. Guarantee a wide variety of options that comprehensively address gender affirmation treatments and procedures, as well as broader healthcare needs
      v. Elaborate principles under which healthcare is to be provided
      vi. Ensure healthcare providers are trained
      vii. Prohibit conversion therapies and establish penalties for violating guidelines
      viii. Put in place monitoring mechanisms, a timeline, and a budget for implementation.

7. Ensure access to justice for male sex workers, including remedies, redress, legal aid and compensation for survivors of violence, and that male sex worker-led groups are involved in developing and providing support.

8. Implement a firewall between immigration authorities and other services, including healthcare and victim support.

9. Enhance police transparency and accountability, and ensure that male sex worker-led groups are involved in monitoring of such measures.

10. Meaningfully engage male sex workers in efforts to reform laws, policies, and practices. Take proactive measures to include male sex workers - in all their diversity - in decision-making spaces (boards, panels, advisory groups, etc.).

Funding

1. Allocate funding to self-organized groups and organizations of male sex workers who are engaged in activism and advocacy for the rights of their community, and build their technical and organizational capacities to engage in governance, advocacy, service delivery, and research in all areas that affect their lives.
2. Ensure that HIV funding specifically takes male sex workers' needs into account, rather than assuming that those needs are met through programming for sex workers, MSM, or other key populations.
3. Ensure that information regarding calls for proposals and other funding applications are shared with male sex worker-led organizations, and simplify application procedures.
4. Ensure that labour rights, human rights, and the critical enablers identified in the WHO Consolidated Guidelines - community empowerment, legal reform, interventions to address violence, stigma, and discrimination - are priorities in calls for HIV funding.

Data

- Collect intersectional data that includes overlapping key population identities, including more systematic collection of data on male sex workers. Ensure trans-inclusive gender disaggregation of national HIV data, and better gender disaggregation of key populations data.
- In collaboration with male sex worker-led organizations, collect data on discrimination, violence, and other inequalities in access to education, employment, healthcare, housing, justice, and other parameters as determined by male sex workers.
- Engage male sex workers as paid professionals in research design, implementation, data collection, and dissemination of findings.

Healthcare

1. Ensure that all healthcare programming, including national HIV planning, meaningfully includes male sex workers, and meaningfully include male sex workers in the design, delivery and evaluation of other supportive services (housing, counselling, education, etc.).
2. Respect the diversity of male sex workers, and ensure that programming meets their needs intersectionality as sex workers and as men who may be gender diverse and who may identify with any sexual orientation. Do not make assumptions about the needs of male sex workers, nor about their clients or sexual partners, and ensure that programming is based on this understanding of their diversity.
3. Support the professionalization of male sex workers to deliver

HIV and STI services, and ensure that they are hired as paid staff in service delivery for male sex workers.

4. Scale up peer-led services and initiatives, particularly male sex worker-led healthcare facilities and services, and ensure their linkage to national healthcare systems.

5. Include online outreach, online community-building, and other digital modalities as part of programme planning and service delivery.

6. Integrate gender-affirming healthcare with HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health, mental health, and harm reduction. Establish referral pathways to other critical services, such as assistance with housing, legal aid, and other forms of support, and ensure that professionals in those areas are sensitized and competent to provide non-judgemental services.

7. Ensure that harm reduction for male sex workers engaged in chemsex is community-led, community-based, and built on principles of meaningful community engagement at every stage of programme design, implementation, and evaluation. Harm reduction should be integrated with sexual health, mental health, and referral to other services when appropriate. Service provision should:

    a. Be respectful, non-judgemental, and delivered by trained healthcare professionals working at the community level, with appropriate knowledge of chemsex

    b. Include easily available HIV, hepatitis C, and STI testing, counselling and treatment in the same location, as well as one-stop shop availability of harm reduction commodities covering safer drug use and sex (i.e., syringes, pipes, condoms, lubricants, HIV and hepatitis tests, PrEP, PEP, and information on substances).

    c. Leverage digital technologies and establish an online presence for better reach

8. Ensure that healthcare providers are trained on male sex worker needs and vulnerabilities, and are competent and able to provide intersectional, non-judgemental care.

9. Ensure that male sex workers have access to tailored information using inclusive language on HIV, STIs, and viral hepatitis, and tailor all health programming and interventions to the needs and diversity of male sex workers. This includes tailored information on and access to PEP and PrEP.

10. Guarantee confidentiality and anonymity of services.

11. Ensure that healthcare service points are community-based, that opening hours are flexible in line with the needs of male sex workers, and that services are provided quickly and efficiently.

12. Recognize that community is resilience: provide safe community spaces and support community organizing for male sex workers, including within healthcare spheres. In all services provided, ensure that opportunities are created for the self-organisation and mobilisation of male sex workers.

Further resources

Training and advocacy tools:

- ESWA, Training Manual on Sex Work, HIV, and Human Rights: https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/157/attachments/original/1631442929/icrse_training_manual_on_sex_work_hiv_and_human_rights_2015.pdf?1631442929
- ESWA, Sex Work and HIV in Europe Advocacy Tool Kit: https://d3n8a8pro7vhmx.cloudfront.net/eswa/pages/38/attachments/original/1631372127/Sex_Work_and_HIV_in_Europe-3.pdf?1631372127

Manuals and pamphlets:

- Prepster, Questions and Answers on PrEP: https://prepster.info/wp-content/uploads/2018/06/PrEP-QA-booklet-e-use.pdf
- Queer Health Info, Little Back Pocket Guides: https://www.queerhealth.info/projects/lbgt
- Queer Health Info, Everything we know about MPOX so far: https://www.queerhealth.info/projects/monkeypox
- Association Cabiria, Brochure Anale: https://www.instagram.com/p/CuHiIriNwko/?img_index=2
- MPACT, Anal About My Health Comics: https://mpactglobal.org/get-your-copy-of-anal-about-my-health-comics-issue-1/
- TransActions: research with trans people who sell sex, Outputs and Resources: https://transactionsproject.wordpress.com/
- Grunt, Sexual health and more for gay, bi and queer trans men: https://www.transhealthsa.com/wp-content/uploads/2018/02/grunt-booklet.pdf
- Trans Hub, HIV: https://www.transhub.org.au/hiv
- Trans Hub, Sexual Health: https://www.transhub.org.au/sexual-health
- Trans Hub, STIs: https://www.transhub.org.au/stis
- GATE, Resources for trans men: https://gate.ngo/our-work/projects/trans-men-hiv/

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